

# **Sharing a Common Wealth to End Homelessness**

*Governor's Conference*

*December 9, 2004*

**Michael Shank, DMHMRSAS**

**Nikki Nicholau, DHCD**

# HOMELESS IN AMERICA



End Homelessness, Virginia!



# Sharing a Commonwealth to End Homelessness

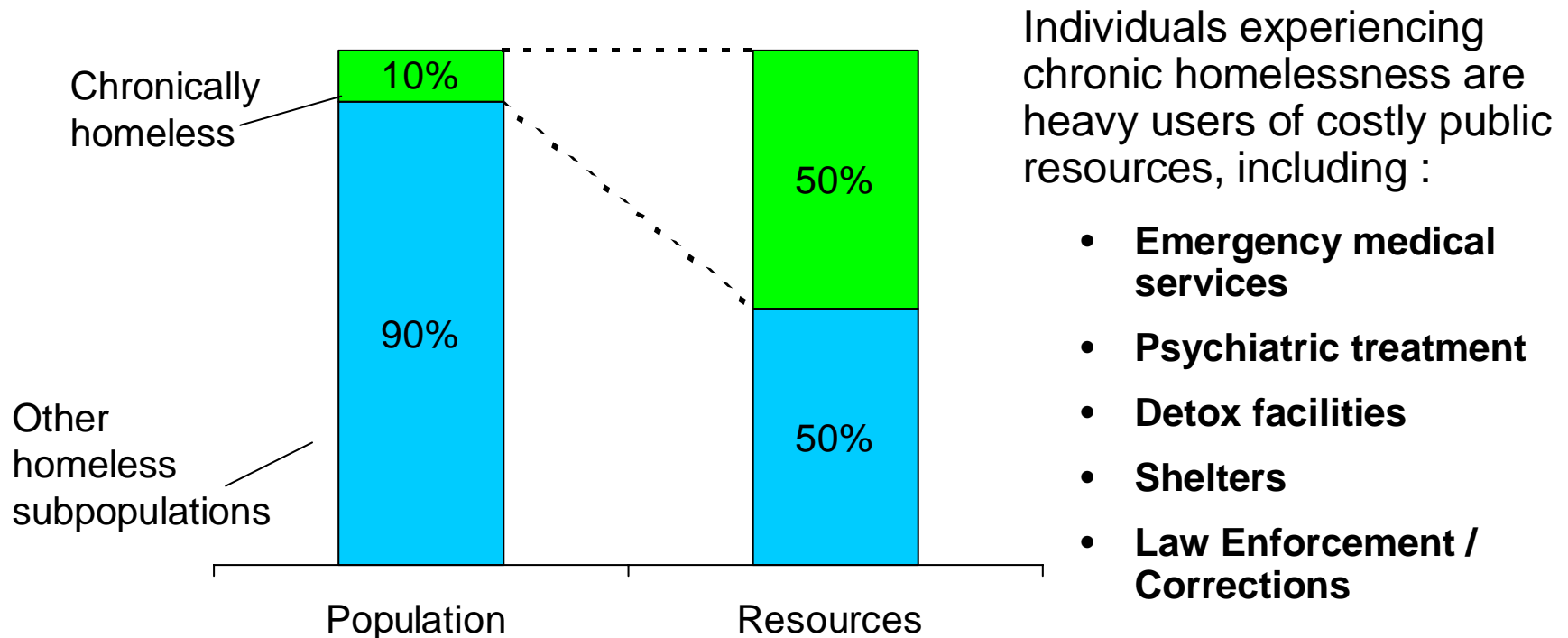
- **VISION:** *An integrated, community-based system of individualized opportunities, services, and housing has ended homelessness in Virginia.*
- **PRIORITIES:**
  1. *Affordable continuum of suitable and appropriate housing options*
  2. *Accessible supportive services*
  3. *Prevention initiatives that reduce homelessness*
  4. *Sufficient financial resources*
  5. *An understanding of chronic homelessness at all levels*

# THE CHARACTERISTICS OF INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS

- **Unaccompanied individuals**
- **Homeless for a year or more or multiple times over a several year period**
- **Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability**
- **Frequent histories of hospitalization, unstable employment, and incarceration**
- **Average age in the early 40s**

# INDIVIDUALS EXPERIENCING CHRONIC HOMELESSNESS USE A DISPROPORTIONATE AMOUNT OF RESOURCES

***10% of the homeless population consumes over 50% of the resources***



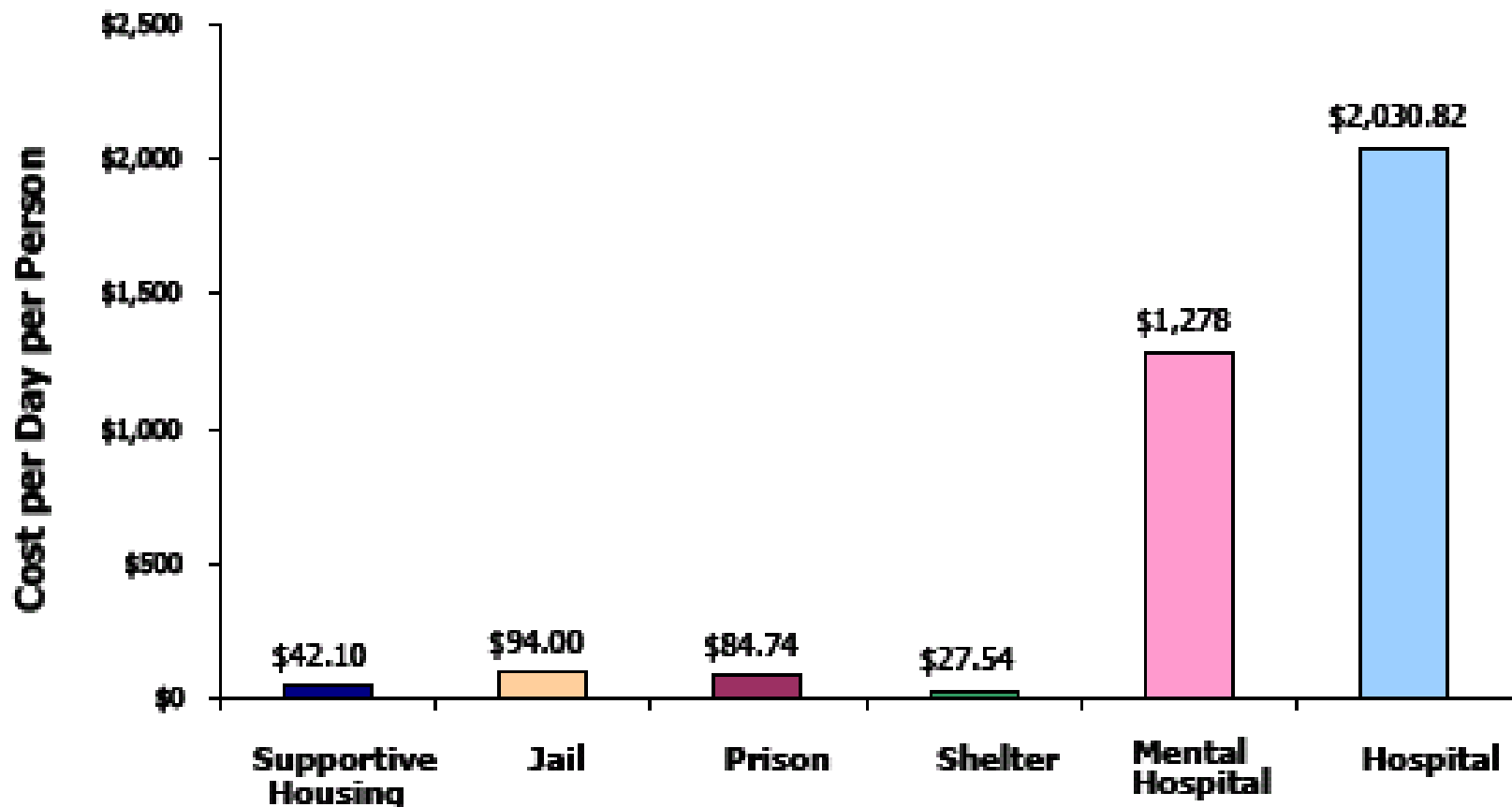
Burt, Martha R., Laudan Y. Aron and Edgar Lee. 2001. Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, DC: Urban Institute Press. Kuhn, R. & Culhane, D.P. (1998). Applying cluster analysis to test of a typology of homelessness: Results from the analysis of administrative data. The American Journal of Community Psychology, 17 (1), 23-43. Community Shelter Board. Rebuilding Lives: A New Strategy to House Homeless Men. Columbus, OH: Emergency Food and Shelter Board.

## *Eg.- Richmond Area Homeless Services 10% : 50% Cost Estimate*

- **\$53,655,412** in total is spent annually
  - Source: 2003 Warren Whitney & Sherwood's study commissioned by Homeward
  - **\$147,000** for 1,600 homeless each day
  - **\$73,500** (half) for 293 chronically homeless individuals each day
  - Services per chronically homeless individual  
= **\$251/day**

# *Direct access to permanent supported housing for frequent users of acute health systems*

## **San Francisco Cost Estimates**



Source: The Lewin Group



# Frequent users of acute health systems in the Richmond Area

- **“Revolving Door” Patients: 14% of patients** (939) in local hospital psychiatric beds had 3 or more admissions in 2001, consuming **37% of the total reported charges**.
  - **\$13.8 million in actual costs, an average of \$14,682 each.**
- **Readmitted within 90 days were:**
  - **49.5% of patients with schizophrenia,**
  - **32% with bipolar illness**
  - 27.8% with psychotic disorders
- **Evaluated by community-based health center and homeless services staff:**
  - 40% of consumers had a behavioral health disorder, with rates
  - **4.5 times** the national average for **schizophrenia** and
  - **2.5 times** the national average for **affective disorders.**

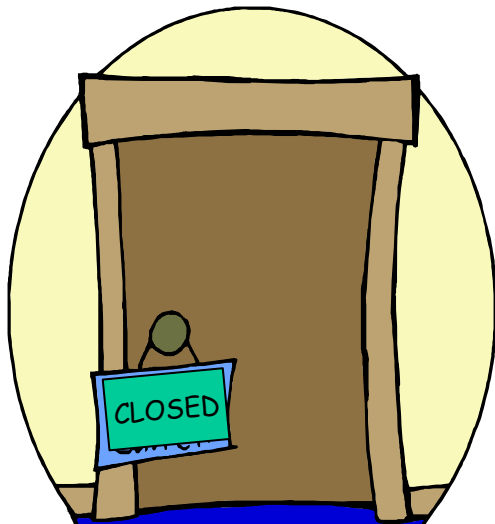


# Strategies to end chronic homelessness fall into two major categories: Prevention and Intervention

## PREVENTION

### “Close the Front Door”

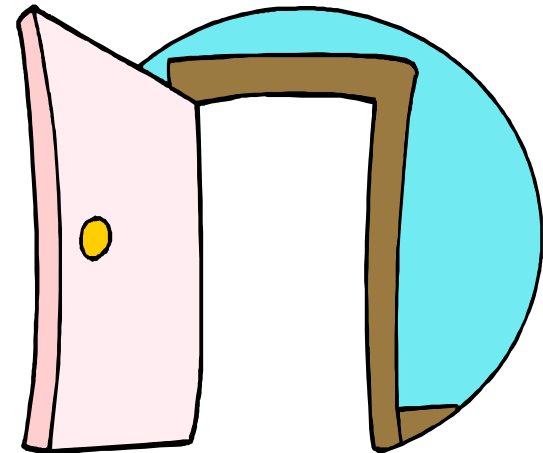
*Reduce the number of people who become chronically homeless*



## INTERVENTION

### “Open the Back Door”

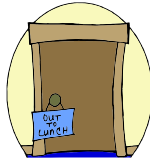
*Increase placement into supported housing of people who are currently experiencing homelessness*



# Strategies to end chronic homelessness fall into two major categories: Prevention and Intervention

## PREVENTION

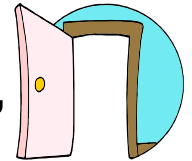
“Close the Front Door”



- Centralization of funding and service delivery to increase coordination  
*[Community Shelter Board, Columbus and Franklin County, Ohio]*
- Dedicated resources to house individuals discharged from psychiatric care institutions  
*[Special Initiative to House the Homeless Mentally Ill, State of Massachusetts]*
- **Discharge planning protocols that prevent homelessness\***

## INTERVENTION

“Open the Back Door”



- **Assertive Community Treatment\*** (ACT): multi-disciplinary, clinically-based teams that engage people experiencing chronic homelessness on the streets and in shelters
- **Direct access to permanent supported housing** for frequent users of acute health systems\*  
*[Direct Access to Housing, San Francisco]*
- **Permanent supported housing with low threshold access for homeless people with mental illness\*** *[Pathways to Housing, New York City]*

*\*Selected Virginia-adopted strategies*

# Priority 1: Affordable continuum of suitable and appropriate housing options

- **\$1,000,000 of HOME funds** to create 100 units of affordable housing for chronically homeless individuals through Housing Choice vouchers plus **\$150,000 of PATH funds** (Projects for Assistance in Transition from Homelessness) from DMHMRSAS for outreach in three communities over two years:
  - **Waynesboro Area:** *Redevelopment and Housing Authority and Valley CSB*
  - **Roanoke Area:** *Total Action Against Poverty and Blue Ridge CSB*
  - **Martinsville Area:** *Piedmont CSB and the City of Martinsville*

# Richmond Area Housing-First

## Estimated Costs

- To serve 40 chronically homeless and frequently hospitalized individuals
  - **\$15/day** each for supportive SRO housing
  - **\$54/day** each for Assertive Community Treatment (ICT Team) services
  - **\$29/day** each for medical care and substance abuse services = **\$98/day**

## Priority 2: Accessible supportive services

- To expedite the filing of disability claims for the homeless, **over 200 front line workers were trained** throughout Virginia on disability determination and presumptive decision making.
- Collaborating on the delivery of these workshops were Department of Rehabilitative Services, the Social Security Administration, and DMHMRSAS

## Priority 3: Prevention initiatives that reduce homelessness

- The **discharge policies** of the Department of Corrections, DMHMRSAS, and the Department of Social Services Foster Care have been **updated to include housing** as a component of discharge planning.
- And the Departments of Medical Assistance Services and Corrections are working together to develop a system that will allow individuals to **file for benefits prior to release** from correctional facilities.

## **Policy Academy Members: Virginia Inter-Agency Council on Homelessness**

VA Department of Housing and Community Development

Virginia Housing Development Authority

VA Department of Medical Assistance Services

VA Department of Corrections

VA Department of Health

VA Department of Rehabilitative Services

Virginia Coalition for the Homeless

VA Employment Commission

Virginia Interagency Action Council for the Homeless

Virginia Job Corp Project

VA Department of Social Services

Virginia Supportive Housing

VA Department of Veterans Services

United States Veterans Administration

Virginia Housing Research Center

Individual who was chronically homeless

Homeward, Richmond Continuum of Care

VA Department of Juvenile Justice

Virginia Interfaith Center for Public Policy

Virginia Hospital and Healthcare Association

VA Department of Mental Health, Mental Retardation, and Substance Abuse Services